Outcome-Based Quality Improvement (OBQI)

IMPLEMENTATION MANUAL

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OBQI IMPLEMENTATION MANUAL

This manual is the third in a three-manual series intended to assist home health agencies (HHAs) to implement the activities of outcome-based quality improvement (OBQI). The first manual, entitled *Implementing OASIS at a Home Health Agency to Improve Patient Outcomes (OASIS Implementation Manual)*, introduced agencies to OBQI and to its first step, the collection of uniform health status data on patients receiving home health care. The set of data items utilized in this process is termed the Outcome and Assessment Information Set or OASIS. Home health agencies subject to the Medicare Conditions of Participation began collecting OASIS data on all adult nonmaternity patients receiving skilled care in summer 1999.

The second manual, *Quality Monitoring Using Case Mix and Adverse Event Outcome Reports*, focused on the first feedback reports available to agencies, namely the case mix report and the adverse event outcome report. The manual described the reports in detail and focused on their use in an HHA's quality monitoring program. In this second manual, HHAs were introduced to the concept of outcome enhancement, which involves the investigation of specific outcomes, focusing on the aspects of care delivery that led to the outcomes.

This third manual is written expressly for HHA staff wishing to implement the outcome enhancement activities of OBQI in response to the outcome report, a process which has been shown effective for quality (and performance) improvement in demonstration projects conducted through the collaboration of the home care industry, the Centers for Medicare & Medicaid Services, and State governments. The demonstrations have shown that patient outcomes can be improved through the enhancement efforts conducted by individual agencies in response to the feedback reports derived from OASIS data. The manual authors, staff members of the Center for Health Services Research of the University of Colorado Health Sciences Center, acknowledge that the experiences of these agencies in implementing OBQI have provided valuable input to this manual, and we are grateful for their willingness to share their learning. An earlier version of the manual was utilized with the HHAs participating in the five-state Home Health Peer Review Organization (HHPRO) Pilot Project, whose insights also contributed to content updates.

While OBQI is not a current requirement for Medicare-certified (or other) home health agencies, the information available from the outcome reports provides direction for HHA continuous quality improvement activities. The various types of outcome reports now available for agencies (risk-adjusted, descriptive, and adverse event outcome reports) are powerful tools to utilize in meeting goals of providing care for the overall benefit of patients. Those agencies that begin now

to implement, maintain, and adapt the OBQI processes are positioning themselves to deliver better, more efficient patient care and to see improved outcomes in the future.

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